



EXAM COVER SHEET

Please PRINT CLEARLY

Course Name:

(Fire Fighter I, II, I & II, HazMat FRO, Driver Training, Instructor I, etc.)

Course Number (full course number):

Example: 2016-1Z-21-A15C-0001

Course Start Date:

End Date:

Course Location:

(City)

Number of Students:

Instructor of Record:

SMOKE ID#:

Training Coordinator:

SMOKE ID#:

Final course paperwork is mailed to:

**Bureau of Fire Services
Fire Fighter Training Division
611 W. Ottawa St.
P. O. Box 30700
Lansing, MI 48909**